
Instructions

This charge form is to be used only to file a charge alleging an unfair immigration-related employment practice in violation of 8 U.S.C. §1324b. This charge form must be filed with the Office of Special Counsel for Immigration Related Unfair Employment Practices.

U.S. Department of Justice Civil Rights Division Office of Special Counsel for Immigration Related Unfair Employment Practices 950 Pennsylvania Avenue, N.W. Washington, D.C. 20530

On the form, "Injured Party" means a person who claims to have been adversely affected directly by an unfair immigration-related employment practice or, in the case of a charge filed by an officer of the Immigration and Naturalization Service or by a Charging Party other than the Injured Party, is alleged to be so affected.

On the form, "Charging Party" means: (1) an individual who files a charge with the Special Counsel that alleges that he or she has been adversely affected directly by an unfair immigration-related employment practice; or (2) an individual or private organization who is authorized by an individual to file a charge with the Special Counsel that alleges that the individual has been adversely affected directly by an unfair immigration-related employment practice; or (3) an officer of the Immigration and Naturalization Service who files a charge with the Special Counsel that alleges that an unfair immigration-related practice has occurred.

The "Charging Party" should complete the charge form in its entirety by typing, or neatly printing, the information requested. If a question is not applicable, it should be left blank.

This charge form must be delivered or mailed to the Office of Special Counsel within 180 days of the alleged discrimination.

Questions concerning this charge form can be directed to the Office of Special Counsel by mail at the above address or by telephone at (202) 616-5594 or 1-800-255-7688 (toll free), TDD (202) 616-5525 or 1-800-237-2515 (toll free).

1. Charging Party

Full Name:		Telephone: ()
Other Names Ever Used:		
Street Address:		
City :	State:	Zip Code:

Injured Party (IF INJURED PARTY is same as CHARGING PARTY, write "same")

Full Name:		Telephone: ()
Other Names Ever Used:		
Street Address:		
City:	State:	Zip Code:

2. Individual, Business or Entity Which You Believe Has Committed Unfair Employment Practice:

Full Name:		Telephone: ()
Street Address:		
City:	State:	Zip Code:

3. Individual, Business or Entity Has (check one):

- Less than 15 employees, but more than 3 employees.
- 15 or more employees.
- Unable to estimate number of employees.

4. Injured Party Has Suffered an Unfair Immigration-Related Employment Practices (check one or more)

- National Origin Discrimination (with respect to the hiring, recruitment or referral, or discharging of the Injured Party)
- Citizenship Status Discrimination (with respect to the hiring, recruitment or referral, or discharging of the Injured Party)
- Retaliation for Asserting Rights Protected Under 8 U.S.C. §1324b
- Document Abuse (The individual, business, or organization refused to accept a valid document or demanded more or different documents that are required for completing the INS Form I-9)

5. Injured Party Is:

- Citizen or National of the United States (if this box is marked continue on to #6)
- Alien Authorized to Work in the United States (if this box is marked you must complete the rest of #5)

If INJURED PARTY is an alien authorized to work in the United States:

Alien Registration Number (s): _____

Date of Birth: _____ (day) _____ (month) _____ (year)

If INJURED PARTY is an alien authorized to work in the United States:

Injured Party (check one if applicable):

- Is lawfully admitted for permanent residence date granted: _____
- Has status of a lien lawfully admitted for temporary residence under 8 U.S.C. §1160(a), 8 U.S.C. §1161(a), or 8 U.S.C. §1255(a)(1)
- Is admitted as refugee under 8 U.S.C. §1157
- Has been granted asylum under 8 U.S.C. §1158
- Is Otherwise Authorized to work

Injured Party (check one):

- Has applied for naturalization
- Has not applied for naturalization

Date of Application: _____

6. When did the unfair practice occur: (date) _____

7. Where did the unfair practice occur: (Place) _____

8. Has a charge based on this set of facts been filed with the Equal Employment Opportunity Commission, or other

governmental agency?

Yes If yes, which office? _____

No
Address: _____

City: _____ State: _____ Zip Code: _____

Date Filed: _____ File No. (if known): _____

9. Describe the Unfair Employment Practice (use additional sheets if necessary)

10. Affirmation and Signature of Charging Party

(a) If this charge is being filed by the Injured Party:

As a person alleging that I have been injured by an unfair immigration-related employment practice, I understand that the Office of Special Counsel may find it necessary to reveal my identity and other information during the conduct of the investigation of my charge, during any hearing or other proceeding as result of my charge, or in limited circumstances in response to inquiries under the Freedom of information Act. I give my consent. I affirm that, to the best of my knowledge, the information provided on this form is true.

(Signature of Injured Party)

(Date)

(b) If this charge is being filed by an authorized representative of the Injured Party:

I affirm that, to the best of my knowledge, the information provided on this form is true and that I am authorized to file this charge on behalf of the Injured Party. I understand that the Office of Special Counsel may find it necessary to reveal my identity during the conduct of the investigation of this charge, during a hearing or other proceeding as a result of this charge, or in limited circumstances in response to inquiries under the Freedom of Information Act. I give my consent.

(Signature of Authorized Representative)

(Date)

(c) If this charge is being filed by an INS officer:

I affirm that, to the best of my knowledge, the information provided on this form is true. I understand that the Office of Special Counsel may find it necessary to reveal my identity during the conduct of the investigation of this charge, during a hearing or other proceeding as a result of this charge, or in limited circumstances in response to inquiries under the Freedom of Information Act. I give my consent.

(Signature of INS Officer)

(Date)